

JOB AID

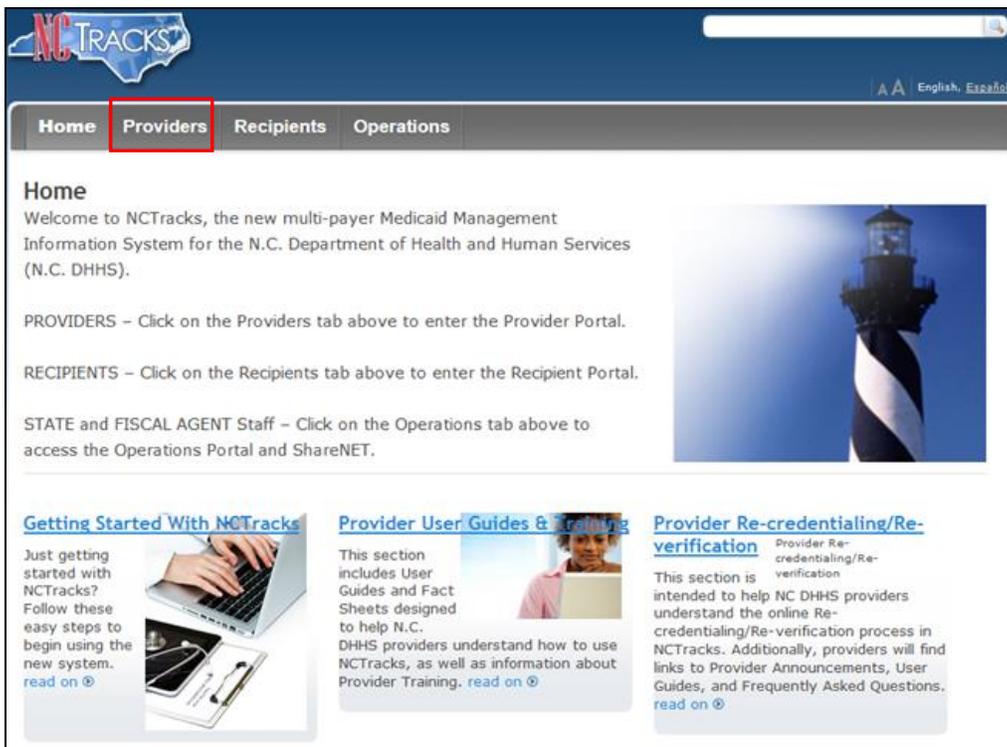
How to Manage Your NCTracks Addresses

OVERVIEW

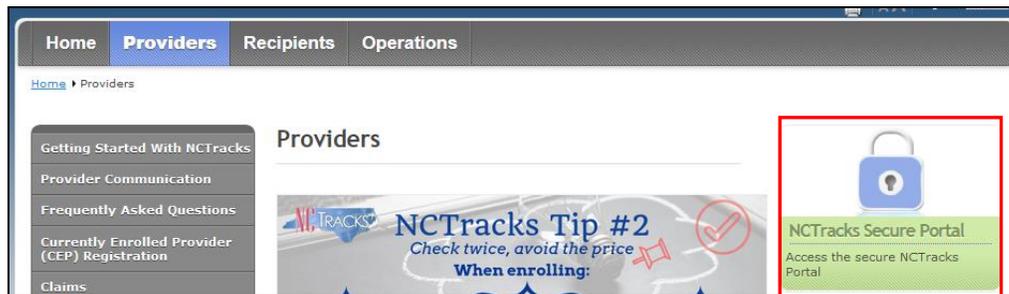
This job aid provides step-by-step instructions for how to manage your NCTracks addresses using the Manage Change Request process in the NCTracks system.

Logging into the Provider Portal

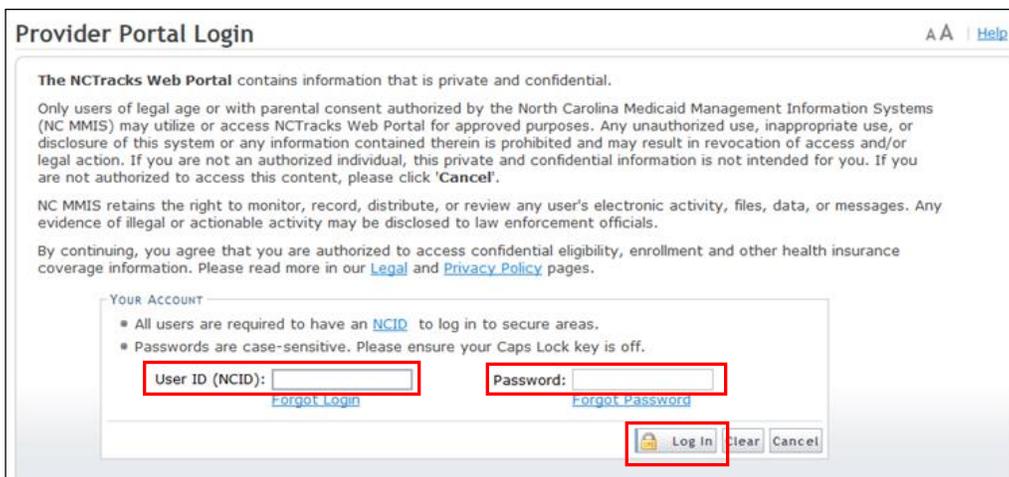
1. Navigate to www.nctracks.nc.gov
2. The following page will display. **Select** the “Providers” tab at the top of the page.



- From the “Providers” page, **select** the “NCTracks Secure Portal” icon.

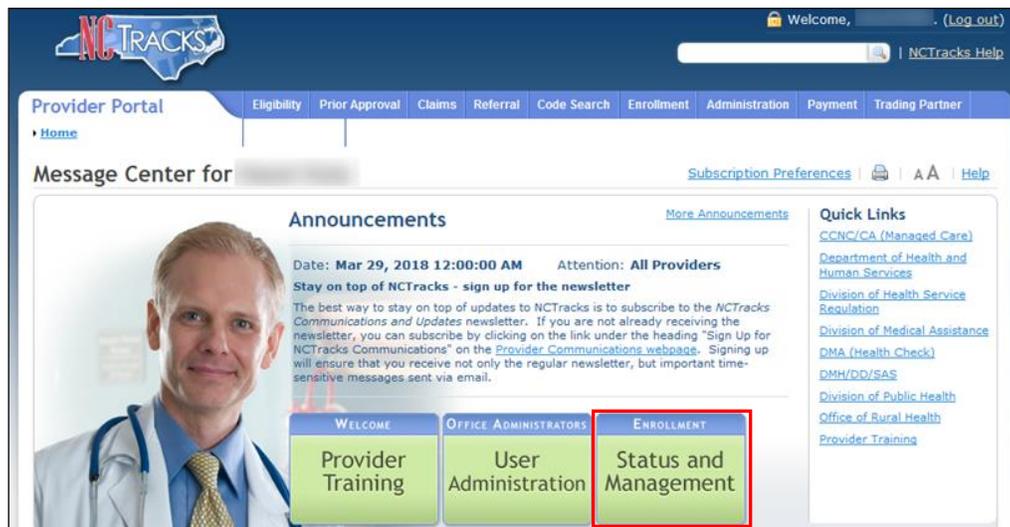


- The following login screen will display. **Enter** the NCID and password and **select** the “Log in” button.



Accessing the Manage Change Request Application

- The following Providers page will display. **Select** the “Status and Management” button.



- The “Status and Management” screen will display. The screen is divided into 7 sections.

For additional information on the Status Manage Change Request, see the Participant User Guide “Provider Web Portal Applications Participant User Guide.” Navigate to the “Manage Change Request” section.

Entering a Manage Change Request

To begin a new “Manage Change Request”, under the “Manage Change Request” Section, **select** the radio button next to the NPI to be changed. Next, **select** the “Update” button.

	<p>If the “Manage Change Request” section reads No Data to Display, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the Submitted Applications and Saved Applications sections for a Manage Change Request/Enrollment that is already in process.</p>
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MANAGE CHANGE REQUEST

If you are a behavioral health provider contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and you update your data in a NCTracks Manage Change Request application, please ensure your LME/MCO has the same updated data on file.

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

Select	NPI/Atypical ID	Name	DBA Name	ZIP Code	Begin Date	Status
<input type="radio"/>		BRUCE, ALPHA J		27260	03/24/1998	Active
<input type="radio"/>		COMMUNITY PHYSICIANS		27607-0028	02/06/2017	Active
<input type="radio"/>		COMMUNITY PHYSICIANS	THE LEARNING CENTER	27607-3073	09/01/2014	Active
<input type="radio"/>		COMMUNITY PHYSICIANS		27607-3073	01/07/2015	Active
<input type="radio"/>		DEMO PROVIDER	JOY JOHNS	27265-3277	07/22/2013	Active
<input type="radio"/>		GATE CITY TRANSPORTATION INC	GATE CITY TRANSPORTATION INC	27406-1398	04/01/2008	Active
<input type="radio"/>		Sherlock, Holmes	PAIN MANAGEMENT AND REHAB: PC	27948-8516	09/04/2013	Active
<input type="radio"/>		COUNTY HEALTH DEPT	COUNTY HEALTH DEPT	27610-1808	11/20/1973	Active

Update

1. In order to update address information the provider will need to **select** “Complete multiple changes or review your complete provider record.”

Provider Portal

Requested Manage Change Request Type

Select the type of Manage Change Request you would like to complete.

NPI/Atypical ID: 1003000399
Name: COMMUNITY PHYSICIANS

- Update Electronic Funds Transfer (EFT) Account Information
- Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information
- Complete multiple changes or review your complete provider record

Please have all information available, this application must be completed in one session.

Next

2. The “Organization Basic Information” screen will display. The left hand side menu will display a list of topics.

Do NOT **select** the menu options on the left hand side of the screen, as each page must be accessed/reviewed and marked with a check mark before the “Manage Change Request” can be submitted. Instead, to navigate to appropriate section, **Select** the “Next” button on the bottom right corner of the screen until you reach the “Addresses” screen.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Provider Enrollment > Online Provider Enrollment Ap...

Provider Enrollment

NOTE: Data is not saved unless the "Next" button is activated.
Contact CSRA Call center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Add Services and Endorsements
- Accreditation
- CCNCICA
- Hours of Operation
- Services
- Agents/Managing Employees
- Method of Claim/Electronic Submission
- EFT Account Information
- Exclusion/Sanction Information
- Review Application

Organization Basic Information

* indicates a required field

IDENTIFYING INFORMATION

If you need to update the Organization Name, submit documentation that shows proof of a legal name change to CSRA via fax at 855-710-1965 or by email at NC_Tracksprovider@nctracks.com.

Organization Name: [Redacted]
 EIN: 22-2222222 NPI/Atypical Provider ID: [Redacted]
 * Email: TEST@FAKEEMAIL * Month of Fiscal Year End: January

DOING BUSINESS AS (DBA)

* Do you operate under a trade or company name?
 Yes No

DBA Information

* DBA Name: [Redacted]
 * Years Doing Business Under This Name: 2

OWNERSHIP INFORMATION

* Business Type: CORPORATION

REGISTERING WITH NC SECRETARY OF STATE

* Are you required by law to register with NC Secretary of State?
 Yes No

Please be sure to complete all required fields with valid content. **Next >>** Save Draft

- On the "Terms and conditions" page, to attest and accept Medicaid Terms and Agreements, **select** the check box and **select** the "Next" button.

Attestation Statement

* ATTESTATION

I certify that the responses in this attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

((Previous) Please be sure to complete all required fields with valid content. **Next >>**

Updating the Primary Physical Address

Address Validation Enhancements: Before you begin, please read the following important address validation enhancement information.

During provider Initial Enrollment, Manage Change Request and Re-enrollment applications, a change has been made to the address validation for the following pages to allow the provider to attest that the address is valid and continue the application even if the address is not deemed valid by the address verification:

- Addresses Page: Primary address and Servicing addresses only
- Preventive Ancillary Services Page: Lab addresses
- EFT page: Bank address
- Ownership Info Page: Owner's address

Note: Pay-To and Correspondence addresses must be deliverable and are excluded from the override.

- The following Addresses screen will display. **Enter** the new Office Phone (If different), Street Address, City, State and Zip Code. **Select** the "Verify Address" button.

 To ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. As long as the address matches the USPS database, the Addresses screen will refresh with the new address. This is shown in the image above.

Note: If the primary physical address is changed here it will be effective as of the date the request was submitted.

If the address does not match the USPS database, NCTracks will display the following error message. In order to proceed, the provider must update and re-verify the address OR select the checkbox below the address to attest that the address is valid.

2. Next, **place** a check-mark next to each servicing county.

*** Servicing Counties**

Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.

<input type="checkbox"/> IREDELL	<input type="checkbox"/> JACKSON	<input type="checkbox"/> JOHNSTON	<input type="checkbox"/> JONES
<input type="checkbox"/> LEE	<input type="checkbox"/> LENOIR	<input type="checkbox"/> LINCOLN	<input type="checkbox"/> MACON
<input type="checkbox"/> MADISON	<input type="checkbox"/> MARTIN	<input type="checkbox"/> MCDOWELL	<input type="checkbox"/> MECKLENBURG
<input type="checkbox"/> MITCHELL	<input checked="" type="checkbox"/> MONTGOMERY	<input type="checkbox"/> MOORE	<input type="checkbox"/> NASH
<input type="checkbox"/> NEW HANOVER	<input type="checkbox"/> NORTHAMPTON	<input type="checkbox"/> ONSLOW	<input type="checkbox"/> ORANGE
<input type="checkbox"/> PAMLICO	<input type="checkbox"/> PASQUOTANK	<input type="checkbox"/> PENDER	<input type="checkbox"/> PERQUIMANS
<input type="checkbox"/> PERSON	<input type="checkbox"/> PITT	<input type="checkbox"/> POLK	<input type="checkbox"/> RANDOLPH
<input type="checkbox"/> RICHMOND	<input type="checkbox"/> ROBESON	<input type="checkbox"/> ROCKINGHAM	<input type="checkbox"/> ROWAN

- Next, if your organization has separate “Pay-To” or “Correspondence” addresses, select the appropriate options and enter the appropriate addresses. You will also need to **select** the Verify Address buttons for each of these options (if applicable).

Updating the 1099 Reporting/Pay-to Address

This section allows the user to verify if a provider does or doesn't have a separate corresponding address.

Note: All enrolled NPIs that share the same EIN will be updated with the new address.

- Enter the 1099 Reporting/Pay To Address, City, State, Zip Code and **Verify** the address.
- Enter the 1099 Reporting/Pay To Contact Person contact information: Last Name, First Name, Office Phone #, Contact Email.

1099 REPORTING/PAY-TO ADDRESS

All provider records with the same Employee Identification Number (EIN) must have the same 1099 Reporting Address. You only need to submit one application per EIN. Upon application approval, all records with the same EIN will be updated with the new address.

Pay To

Attention:

* Address Line 1:

Address Line 2:

* City:

* State:

* ZIP Code:

* Pay-To Contact Person

Contact person is:

* Last Name:

* First Name:

Middle Name:

Suffix:

* Office Phone #: ext.

Office Fax #:

* Contact Email:

Updating the Correspondence Address

1. This section allows the user to enter a separate correspondence address, if applicable. This address will be used by CSRA for termination letters, appeals and various other communication. You are required to keep your correspondence address current. You may be suspended or terminated if the correspondence address is not accurately maintained and updated in the NCTracks system. Enter the Correspondence Address, City, State, Zip Code and **Verify** the address.
2. Enter the Correspondence Contact Person contact information: Last Name, First Name, Office Phone #, Contact Email.

	<p>“1099Reporting/Pay-To” and “Correspondence” addresses must be deliverable. Therefore, to ensure the accuracy of the address, NCTracks verifies the entered information against the United States Postal Service (USPS) database. If the address does not match the USPS database, the user will not be able to add the separate address.</p>
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3. Next, if your organization has additional Service Locations, select the appropriate options and enter the appropriate addresses. You will also need to select the Verify Address buttons for each of these options (if applicable).

Adding Additional Service Locations

This section allows the user to enter additional service location information, if applicable.

1. Enter the Service Location Office Phone, Address, City, State, Zip Code, Begin Date and **Verify** the address.
2. **Select** “Add”.

3. When you have finish updating or adding all address, **select** “Next” to continue the Manage Change Request.

Completing the Manage Change Request

1. Continue to **select** the “Next” button through the Manage Change Request application until you reach the Review Application page. For additional information on completing the Manage Change Request, see the Participant User Guide “*Provider Web Portal Applications Participant User Guide.*”

	<p>The Save Draft button will only save your progress and will not submit the Change Request for processing.</p>
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2. The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the Basic Information page.

To review the application in Adobe PDF format, **select** the “Review Application” button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, **select** the “Next” button to proceed to the “Attachments/Submit Electronic Application” page.

Review Application

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

- Please confirm that the email address below is correct. If you don't already have one, an **Electronic Signature PIN** will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.
- If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click 'Next' on the [Basic Information page](#) to store your change.)

Contact Email: **abc@123.com**

REVIEW APPLICATION

To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking 'Next'.

[Review Application](#)

[Previous](#) [Next](#)

- The "Sign and Submit Electronic Application" page will display. **Enter** the NCID and password, as well as the "PIN" number and **select** the "Submit Now" button.

Sign and Submit Electronic Application

Indicates a required field

If for any reason you navigate away from this page without clicking "Submit Now", you will be required to re-enter the information.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Login ID (NCID): [Forgot Login ID](#) **Password:** [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to [@csc.com](#). Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSRA Call Center at 800-688-6606 if you have any trouble with your Electronic Signature PIN Number.

PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.

- [Trading Partner Agreement](#)
- [Agreement and Attestations](#)

REQUIRED ATTACHMENTS

3301 Dr, RALEIGH, NC 27609-7362

Your application indicates that you are enrolling as:

- RESPIRATORY, DEVELOPMENTAL, REHABILITATIVE AND RESTORATIVE SERVICE PROVIDERS, Physical Therapist, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

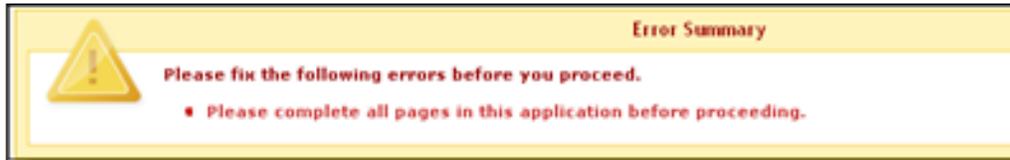
Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

[Submit Later](#) [Submit Now](#)

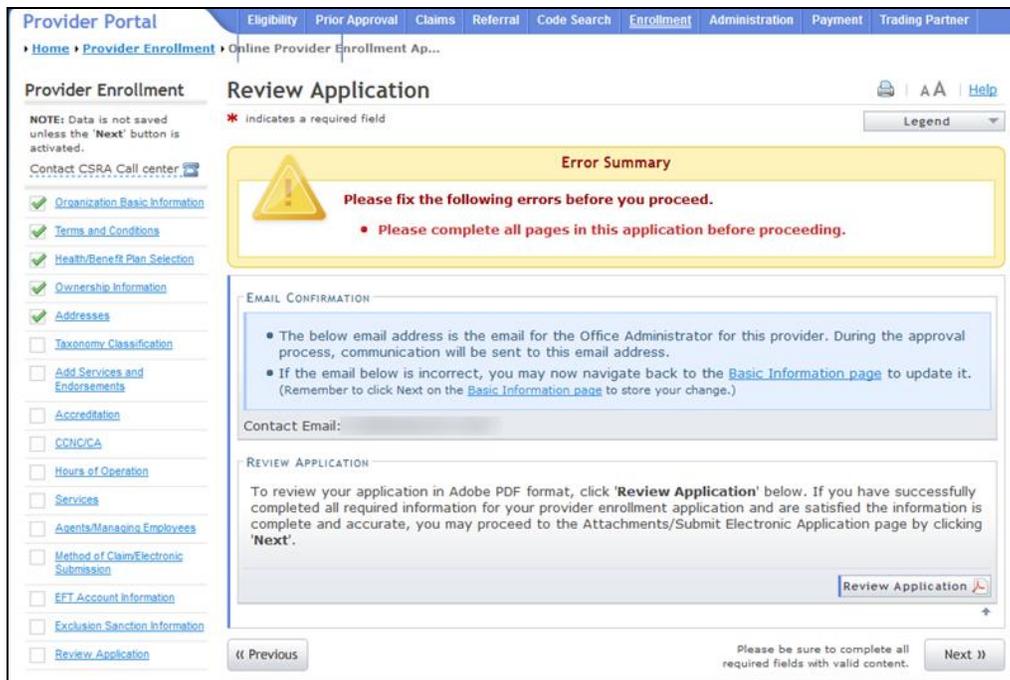
[Previous](#) [Delete Draft](#)

TIPS FOR NAVIGATING THE MANGE CHANGE REQUEST APPLICATION

All pages must be reviewed prior to continuing. If you receive the following error, **select** on the pages that do not have check marks next to the section and **select** “Next” through those sections.

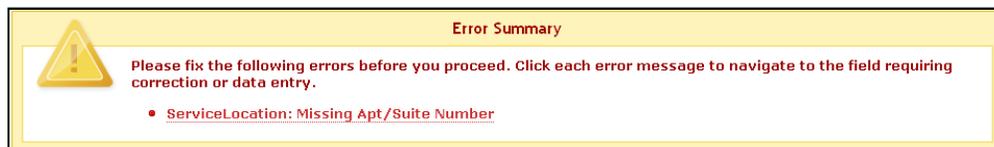


The image below shows the unchecked pages that need to be reviewed.



Common Errors When Updating Addresses

- The address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.



To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the Address Line 1 or Address Line 2. The entry is not case sensitive. For example, “Suite” may be entered as “STE” or “Ste”.

You may also verify your address at the USPS website:
<https://tools.usps.com/go/ZipLookupAction!input.action>

IMPORTANT: The format of the Apartment, Suite or Floor Number must match the format that is used by the USPS. Reference the list of approved abbreviations.

* Does not require secondary range of numbers to follow the abbreviation

Secondary Unit Designator	Approved Abbreviation
APARTMENT	APT
BASEMENT	BSMT *
BUILDING	BLDG
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT *
HANGAR	HNGR
LOBBY	LBBY *
LOT	LOT
LOWER	LOWR *
OFFICE	OFC *
PENTHOUSE	PH *
PIER	PIER
REAR	REAR *
ROOM	RM
SIDE	SIDE *
SLIP	SLIP
SPACE	SPC
STOP	STOP
SUITE	STE
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR *

- If the street name is not a recognized by USPS, it may result in the following error message. Double-check the formatting and spelling of the street name.

Error Summary

Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Primary Location: Address Not Found](#)

PRIMARY PHYSICAL LOCATION ?

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

* Office Phone #: ext.

Office Fax #:

Begin Date: 05/01/2012 End Date It

Address

* Address Line 1:

- If the street name is valid, but the address numbers are not recognized, it may result in the following error message. Double-check the address numbers.

Error Summary

Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Pay-To Address: Address Not Deliverable](#)

FINAL STEPS

You will be able to save/print the online application and the review agreement from the “Final Steps” screen. This page also contains the final steps you must take in order to complete the application process (“Pay Now” and/or “Upload Documents”).

If you are required to complete the fingerprinting process as identified in the Provider Permission Matrix, you will be notified on this page.